



# *DIVISION OF SERVICES TO THE DEAF AND HARD OF HEARING*

5709 SOUTH 1500 WEST

TAYLORSVILLE, UTAH 84123

801-263-4860 Voice/801-657-5200 VP/801-263-4865 FAX

## DEAF AND HARD OF HEARING HOSPITAL KIT ORDER FORM

### Billing Information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Ship to:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Yes      Ship to same address

HARD OF HEARING PATIENT HOSPITAL KIT				DEAF PATIENT HOSPITAL KIT			
QUANTITY	ITEM	PICK UP PRICE	MAILING PRICE	QUANTITY	ITEM	PICK UP PRICE	MAILING PRICE
	1 Kit	\$3.27	\$4.67 plus the actual cost of postage and handling		1 Kit	\$3.50	\$4.90 plus the actual cost of postage and handling
	5 Kits	\$16.35	\$17.75 plus the actual cost of postage and handling		5 Kits	\$17.50	\$18.90 plus the actual cost of postage and handling
	10 Kits	\$32.70	\$35.89 plus the actual cost of postage and handling		10 Kits	\$35.00	\$38.19 plus the actual cost of postage and handling
	25 Kits	\$81.75	\$88.84 plus the actual cost of postage and handling		25 Kits	\$87.50	\$94.59 plus the actual cost of postage and handling

**SAVE ON SHIPPING!!**

**THESE KITS MAY BE PICKED UP AT THE SANDERSON CENTER WITH IN 14 DAYS OF DATE OF ORDER**

Phone orders, mail orders, and fax orders are all acceptable.

If you have any questions, you may contact Jenefer Reudter at [jreudter@utah.gov](mailto:jreudter@utah.gov) or 801-657-5203

You will be invoiced upon confirmation of applicable postage and handling fees.

### OFFICE USE:

Date Received \_\_\_\_\_ Order Number/Invoice Number \_\_\_\_\_

Date Released \_\_\_\_\_ Date Invoiced \_\_\_\_\_